

Homeopathy – a powerful development journey through time into modern age

By Stefan Reis

Content

Preliminary remark	2
Summary	2
Foreword.....	2
I. Introduction and history	2
Samuel Hahnemann - Founder of homeopathy.....	2
Historical positioning	2
Homeopathy after Hahnemann.....	3
Homeopathy in the United States	3
Decline and resurrection	3
II. Theoretical principles of homeopathy	4
Rule, or, principle of similars	4
Proving of drugs.....	5
The materia medica.....	6
III. The practice of homeopathy.....	7
The anamnesis.....	7
Determining the need for treatment and the indication.....	8
Case analysis.....	9
General remarks	9
Repertorization.....	10
The choice of the remedy.....	10
Dosology	11
Homeopathic diet.....	12
Case management and progress evaluation	12
IV. Homeopathy today	16
Homeopathy – evidence-based medicine	16
Homeopathy – complementary, alternative?	17
Homeopathy experts.....	18
Certifying institutions in Germany.....	18
V. Conclusions	19
Annotations.....	20
Acknowledgements and sources	21

Preliminary remarks: This paper is the English version of a six-part series of articles that I wrote for the German journal "Naturheilpraxis" (issues 7-12/2023) and which I hope will also be of interest to colleagues from other countries, although the focus is of course on homeopathy in Germany – after all, the motherland of this therapy. As I am not a native speaker, the translation might require corrections here and there. Anyway, I am always grateful for your remarks.

Summary: In this paper I try to summarise the history of homeopathy, its theoretical and practical foundations and further developments for readers who either know little about homeopathy or who have a rather sceptical attitude towards it (and perhaps also towards the therapists practicing it). A number of common misconceptions are discussed as well as the role that homeopathy should play in modern medicine.

Foreword:

Atopic dermatitis that has existed for decades heals permanently within three months. A previously treatment-resistant chronic migraine disappeared after six months. Acute hay fever subsides within two days, even though the weather and pollen count are unchanged.

Therapists working with homeopathy have these and similar experiences again and again. And this despite the fact that at least the concept of high potencies ^[1] obviously contradicts the usual models for medicinal effects.

Within the spectrum of therapeutic possibilities, homeopathy certainly exerts a particular fascination, as it is often positioned outside and apart from all other healing methods due to its peculiarities. Moreover, quite a few homeopaths believe that it is incompatible with other therapeutic methods. From a historical perspective, these points of view are understandable, but realistically speaking they are not, as experience has shown. So, what is homeopathy and what can it achieve – according to a modern understanding?

I. Introduction and history

Samuel Hahnemann - Founder of homeopathy

When Samuel Hahnemann (1755-1842), as a young doctor, questioned the meaning of his medical practice, he did so at just the right moment: the medicine of his time was based primarily on conjecture about the nature of diseases and the functions of the human body. The hippocratic theory of humors (which also left traces in Hahnemann's teaching) was still the predominant basis for therapeutic intervention. Many things were to be regulated by supplying what was lacking or by eliminating of sickening or altered substances.

Procedures such as bloodletting, emetics and laxatives or even mercury cures were used for this purpose. Neither hygiene nor (in the broadest sense) lifestyle were usually considered as supportive measures. Perhaps it was by chance that Hahnemann discovered the so-called law of similars ^[2] as a pharmacological principle. He had come across it during a translation he was making from English. With lasting consequences – this "principle of similarity" later formed the basis of his theory of homeopathy. Together with the aforementioned hygiene and lifestyle, flanked by baths, mesmerism ^[3] and surgery as required, he created a therapeutic concept with – as a pharmaceutical treatment regime – the homeopathic remedy as the central part.

Since a therapeutic method such as homeopathy can hardly really be understood without intimate knowledge of its history, reference should be made at this point to the relevant literature (see the list of further reading at the end of this paper). The following important aspects should be mentioned here.

Historical positioning

Hahnemann's statements, as well as those of his contemporary colleagues (such as Clemens von Boenninghausen, Georg H. G. Jahr, Constantine Hering et cetera) – especially when they refer to medical topics – are always set

against the background of the state of knowledge and findings at the time. For example, Hahnemann's comments on allopathic treatment methods (including the aforementioned bloodletting, leeches, emetic and laxative cures) cannot be applied without reflection to today's methods of conventional or complementary medicine, especially since the application of these measures were often applied in a very drastic manner. Hahnemann was also very open to medical progress. His estate included an early stethoscope, for example, and he celebrated the vaccination against smallpox, which was discovered around the same time as homeopathy – not least because, in his view, it confirmed the principle of similarity.

Homeopathy after Hahnemann

After Hahnemann moved from Koethen, Saxony, to Paris, France, but at the latest after his death and the death of his direct students, homeopathy did not continue the triumphal march it had begun in Germany – the opposite was the case. But why?

Hahnemann never bothered to provide systematic, let alone institutionalized, training for homeopathic practitioners. The few doctors who continued to practise homeopathy fell out over different interpretations of homeopathic methods or differing attitudes to their conventional colleagues. At any rate, homeopathy was not able to play a formative role in the healthcare of people at that time. Deviations from Hahnemann's original teachings were also mixed into the method, not all of which certainly contributed to an improvement in therapeutic success. This applies both to those approaches that wanted to move closer to conventional medicine by basing the choice of remedy not on a so-called "totality of symptoms" but primarily on a clinical diagnosis, as well as to speculative approaches for which, for example, the drug proving on healthy people demanded by Hahnemann should no longer be an indispensable prerequisite for the therapeutic use of a substance. Last but not least, conventional medicine, which in Hahnemann's time mainly used therapy methods based on conjecture, developed therapeutic procedures with an increasing understanding of anatomical, physiological and pathophysiological relationships, which were more targeted and reliable. The "medicine of the old school", against which Hahnemann had protested so vehemently, disappeared from the scene in the course of the 19th century. Homeopathy became a niche discipline.

Homeopathy in the United States

The situation abroad was quite different, although two significant developments should be emphasized. On the one hand firstly, homeopathy was able to gain a foothold very early on in India and fell on fertile soil on which it thrives to this day. Secondly, it came to the USA via South America – the pioneer of this development was the Saxon physician Constantine Hering (1800-1880) who, as a homeopath, first travelled to Suriname and later moved to Philadelphia. Specialist societies and associations were founded there, and colleges were established, i.e. universities in which medical training was geared towards later homeopathic practice from the outset. Between 1850 and 1900, the heyday of homeopathy, numerous different periodicals ^[4] dedicated to homeopathy were published (31 different ones in the year 1898 alone). In some cases there were even specialist journals, for example on homeopathy in gynecology or in ear, nose and throat medicine.

Over time, the original "Hahnemannian" approach developed into what is generally referred to today as "classical homeopathy" (also known as "Kentian homeopathy" after the leading founder James Tyler Kent). On closer inspection, however, this differs so strongly from "genuine" homeopathy in numerous details that it seems prudent today to highlight these differences as clearly as possible. Thus, in one and the same case of illness, one would judge what is "genuinely" part of the illness to be cured and the symptoms, which are of greater or lesser use for the choice of remedy, completely differently than a "Kentian" homeopath would. As a consequence, these different basic assumptions usually have an effect on the choice of simile, on the assessment of the course of treatment and on a possible diagnosis of a cure. For more detailed insights into this "conflict", a seminar recording by the author (in German) is recommended. ^[5]

Decline and resurrection

Due to predominantly political and economic interests, an unprecedented campaign was launched at the beginning of the 20th century by medical practitioners against their homeopathic colleagues and, above all, their colleges and universities. Within a few years, this led to the progressive decline of homeopathy in the USA.

But before this was completed, the young Swiss doctor Pierre Schmidt ^[6] set off to study homeopathy, first in Great Britain with Sir John Weir and John H. Clarke, but then in the United States with James Tyler Kent – the namesake of "classical homeopathy". Although Kent had already died by the time Schmidt arrived, two of his students were found

to instruct him. So it was that "single remedy homeopathy" found its way back to Europe in the form of its further development, primarily through Kent. As a result, we find the names of now famous homeopathic doctors who were responsible for its spread, especially in German-speaking countries: In addition to Pierre Schmidt, these were above all Rudolf Flury, Adolf Voegeli and Jost Kuenzli. It would take until the late 1980s before contradictions between genuine and classical (Kentian) homeopathy became apparent. At the same time, however, more or less independent directions or schools developed from the classical method. The diversity of methods in modern homeopathy thus resembles a jungle in which it is difficult to find one's way, especially as an autodidact. Also, not every homeopathic approach proves to be valid. In Germany, educational guidelines such as those implemented by the Stiftung Homöopathie-Zertifikat (SHZ) or the Qualitätskonferenz des Bundes klassischer Homöopathen Deutschlands (QBKHD) ^[7] provide orientation.

The resurgence of homeopathy, which gained momentum after the Second World War, reached its temporary peak in the 1990s. The excellent survey results since then in terms of popularity among the population show that it plays a significant role in people's healthcare today. Even the massive (albeit largely unobjective) criticism of homeopathy that began around 2012 has done little to change this.

II. Theoretical principles of homeopathy

The difference in the use of homeopathic and conventional (also naturopathic) remedies is not only that the potentized preparations have a holistic and more gentle effect and are virtually free of side effects. While conventional medicine generally uses a drug that counteracts the condition to be treated – lowers high blood pressure, numbs pain, suppresses anxiety – a "homeopathic" remedy is an agent that is capable of causing the very symptoms that the patient is suffering from – to stay with the metaphor: raising blood pressure (or, at least, causing symptoms similar to those of hypertension), causing pain and triggering anxiety. This principle, also known as the "rule of similars", is the indispensable basis of any potentially helpful homeopathic prescription.

Rule, or, principle of similars

Most readers are probably familiar with the basic principle of homeopathy, the so-called rule of similars (also known as the simile principle), which has already been discussed above. This principle of similars is the core of homeopathy, to which all other theoretical and practical aspects are subordinate. For this reason, it is necessary to take a closer look at this principle. It is a little more complex than it appears at first glance.

The fact that the meeting of similar "principles" can have therapeutic effects is not a discovery of homeopathy. Even before Samuel Hahnemann's systematic development of the new healing method, there had been corresponding approaches since ancient times, but these never established a therapeutic concept. Only the doctrine of signatures should be mentioned here, which also led to the belief that medical indications could be recognized on the basis of analogies. Just think of the use of celandine (*Chelidonium*) for biliary complaints, as indicated by the yellow milky sap of the plant. Of course, Hahnemann was aware of this approach, but he rejected it as inadequate. ^[8]

Therapy methods based on the principle of similars are also known from **conventional medicine**. If we look at the basic idea of **vaccination**, for example, we can see parallels: By applying a weak stimulus similar to the disease to be combated (or, here, prevented), the organism is stimulated to set in motion the mechanisms necessary for the elimination (prevention) of the "real" disease. In the case of vaccination, this consists of the formation of antibodies. A similar principle also underlies the concept of **hyposensitization**, whereby low doses of allergens are administered to allergic people (preferably outside of the actual season), to which the organism should become accustomed.

Everyone knows how your hands and fingers feel after a long snowball fight: Washing them in cool water is a reliable way of warming them up. Another example from everyday life is the effectiveness of **comforting** a depressed, grieving person. It is really helpful for the comforter to put themselves in a similar emotional mood. However, the opposite, contrary behaviour is of course also effective: a distraction, such as an entertaining movie, may help for the moment, but usually revives the grief in a very short time, often more strongly than before. Comparable effects can be expected from **peer counseling** or a self-help group. The well-known phenomenon that a certain piano sonata by W. A. Mozart can have a beneficial effect on epileptic seizures may also be due to the simile principle. ^[9]

All of these therapeutic (or prophylactic) procedures mentioned could be referred to as "homeopathic" applications. Derived from the Greek (*homoion pathos*), "homeopathy" means nothing other than "similar suffering", by which is

meant that an agent can be used to treat diseases that is capable of producing symptoms similar to those of the disease to be treated in the individual case.

With regard to the mode of action, parallels with the "stimulus-response model" and the therapeutic procedures derived from it ("hormesis") are most obvious. In case of homeopathy, the stimulus consists of the **closest possible imitation of the disease** to be cured. However, it must be acknowledged that the exact mechanism of action of homeopathic interventions is not yet known.

As already mentioned at the beginning, most conventional medicinal applications are based on the opposite principle. In this case, the organism is not treated as a reacting, but primarily as a "receiving" addressee, on which the immediate effect of a drug is imposed or overlaid.

This means that one and the same active ingredient can sometimes be used therapeutically in both homeopathic and conventional medicine, but – depending on the underlying concept – for different conditions. Ipecac root (*Carapichea ipecacuanha*) is, as the German popular name "Brechwurzel" suggests, known as a powerful emetic. This means that it causes vomiting immediately after ingestion, which can actually be useful in the case of intoxication or poisoning, for example, where vomiting is helpful. Used homeopathically, however, it would not be used to induce vomiting, but to treat illnesses that are accompanied by the symptom of vomiting. It is similar with so-called laxatives (example: senna leaves): conventionally they are administered for stool inertia and constipation, homeopathically for the cure of diarrhoea. Coffee is drunk to perk you up – homeopathically prepared *Coffea*, on the other hand, is used for excessive alertness requiring treatment, i.e. sometimes for sleep disorders. ^[10]

Proving of drugs

For both types of application – whether homeopathic or conventional (or, as Hahnemann called it, "antipathic" or "enantiopathic" = opposite) ^[11] – it is essential to know the possible effects of a substance in detail. Samuel Hahnemann was a pioneer in this field at the time, who also provided impetus for modern pharmacology. He was the first to "test" the medicines already in use at the time on (voluntary) healthy individuals in order to find out what symptoms and ailments they could produce in detail. Systematic test series, as established by Hahnemann, were not common before.

Hahnemann called his experiments "drug provings" ("Arzneimittelpruefungen"), whereby he attached great importance to the fact that they were carried out with people who were **as healthy as possible** so that the effects of the proving drug did not mix with those of an existing disease. The provings were carried out partly with the raw medicinal substance ^[12] and partly with potentized preparations. Hahnemann compiled the results, which incidentally were more or less left in the wording of the provers, in a special sorting (according to the well-known head-foot scheme) to form the "pure materia medica". And in his "Organon of the medical art", paragraph 144, he wrote: „Let all that is supposition, merely asserted or even fabricated, be entirely excluded from such a materia medica. Let everything be the pure language of nature, carefully and sincerely interrogated.“ In addition to the subjective complaints of the provers, symptoms that were objectively observable (e.g. swelling, redness, skin disorders) were also included. Incidentally, a "symptom", which is of course also referred to in the old writings, is understood in homeopathy as more than "just" a complaint or a finding that characterizes a certain disease. According to Hahnemann, every change in state, i.e. every change caused by illness (or drug proving), is regarded as a symptom. This applies to an altered mood as well as an aversion to food that has been observed since the illness and cannot be explained in any other way. Such observations generally play no role in the diagnostic spectrum of conventional medicine.

The early provings and those that were added later formed the basis of the homeopathic materia medica. Many of the pharmacopoeias available today also incorporate information that is not solely derived from systematic provings. This has a lot to do with the changes that Hahnemann's genuine homeopathy has undergone over time. Thus, some modern representatives of homeopathy no longer regard provings as the sole, and in some cases not even the main, source of knowledge about the healing power of remedies. The concept of similarity, which Hahnemann and his early students understood to apply exclusively to the symptoms and signs of a patient, a proving or a case of illness, has also been and is often watered down. Aspects from the doctrine of signatures, which Hahnemann, as mentioned, did not take into account, also found their way into homeopathy, as did aspects that could not easily be considered pathological (hair and eye colour, handwriting, hobbies, personality traits).

It is already more than clear that homeopathy is a scientific medicinal therapy that has not stopped at its beginnings. It is just as important to take a critical look at traditional methods as it is to keep a close eye on new developments. In my point of view, not everything that is proclaimed as a further development or progress of homeopathy in the

sense of an improvement of treatment results really turns out to be useful, practicable or effective. This applies to the materia medica as well as to theoretical principles or various concepts for the choice of a remedy.

Note: Although the homeopathic materia medica has been and continues to be expanded (I deliberately avoid the term "enriched") to include all kinds of substances, about 95% of the prescribed remedies are certainly those that were introduced into homeopathy by Hahnemann himself and his few contemporaries who also undertook remedy provings.

In the course of the numerous provings, it emerged that certain broadly and generally described symptoms are produced by many, if not almost all, medicinally active substances. Take headaches, for example: there is probably not a single drug proving in which at least a few participants did not develop headaches. In order to be able to differentiate the individual forms of headache in the drugs (and later in comparison with the symptoms in the patient), more detailed descriptions are needed.

- Where exactly, i.e. on which part of the head, is the pain felt?
- What is the nature of the pain, how does the examiner feel it – stitching, pressing, boring, pulling or something else?
- What circumstances (modalities) trigger the headache, improve (ameliorate) or worsen (aggravate) it? Thermal, physical, emotional and other influences can play a role here. The pain can change on movement or touch or pressure and so on.

The headache of *Bryonia alba* (the white bryony), for example, can only be distinguished from those of other remedies by the most detailed possible description of the symptoms by the investigators. In the event that two remedies would trigger identical headaches in terms of localization, sensation and modalities, they differ at the latest when the totality of the symptoms is taken into consideration. (Compare the details listed below under "anamnesis" for the differential diagnosis.)

The materia medica

As already mentioned, the results of drug provings are sorted and summarized in a suitable form as materia medica or pharmacopoeia. If the remedies are now used in practice, further information is gathered which could be interpreted as specific indications for the administered remedy. It is obvious that cured symptoms, i.e. those that disappeared after using a remedy, should be properly documented and collected. And with this example we also have a point on which there is still no uniform attitude among homeopaths. Some assume that cured symptoms (also known as "clinical symptoms" in homeopathic terminology) can (and should) be readily attributed to the remedy and integrated into its materia medica. Others, on the other hand, are of the opinion that such "clinical symptoms" are uncertain. They argue that they should not be included in the lists of symptoms or should only be included with appropriate labeling. Their argument: A remedy that leads to a cure does not have to cover all the symptoms of the disease to be cured; for example, it may be that not just a single simile, but several other very similar remedies are able to provide the necessary impetus for a cure in one and the same case of illness. (An impressive example of this follows later).

As you can see, there are still areas within homeopathy that need to be further researched and clarified and on which there is not yet a unified position within the homeopathic community. It is therefore helpful to make the tools (such as the materia medica and repertories) as transparent and accurate as possible.

Soon after the publication of the printed provings, the need arose to clearly present the essential and practice-relevant symptoms of the remedies. This was all the more important as they were not so easy to recognize in a proving and the overview of the materia medica was made more and more difficult by the constant addition of new provings. Over time, concise *materiae medicae*, compilations of leading symptoms and so-called characteristics, which make it easier to recognize the remedy in question, were therefore created for practical use. Over time, numerous works were published that differed greatly in terms of scope, standard and structure. Sometimes they are clearly structured lists of symptoms that make it easy to find what you are looking for. Then again, the symptoms are presented in a continuous text, often garnished with case studies to illustrate them. There are subject-specific descriptions (e.g. for gynecological or pediatric concerns), while comparative pharmacopoeias differentiate between remedies. Numerous titles were published, especially in the USA, many of which were also translated into German. Unfortunately, the quality of translations in both directions was often poor until the 1990s. Moreover, language problems have played a role in homeopathy from the very beginning. Even Hahnemann is said to have not always proceeded correctly when translating from foreign-language sources. The British and Americans then also had some

difficulties in finding suitable English terms for the often flowery and onomatopoeic German. And when translating back from American, it is still not standard practice today to carry out source-critical translations.

Primary and secondary materia medica

Primary materia medica: Systematic collections of proving-based symptoms of individual remedies; reproduction of the provers' symptoms as true to the original as possible, unabridged. Examples: Hahnemann's "Reine Arzneimittellehre" (pure materia medica) and "Die Chronischen Krankheiten" (The chronic diseases); Hartlaub's and Trinks' "Reine Arzneimittellehre" (no English version), Constantin Hering's "Amerikanische Arzneiprüfungen" (no English version), Timothy F. Allen's "Encyclopaedia of pure materia medica", as well as numerous individual publications in periodicals or as monographs.

Secondary materia medica: Summaries and (abridged) synopses of the proving symptoms, enhanced by clinical symptoms and further observations and experiences from practice, emphasis on the characteristics and leading symptoms of the remedies as an expression of practical experience. Examples: C. Hering [et al.] "The Guiding Symptoms", C. Hering "Condensed materia medica", E.B. Nash "Leaders in homoeopathic therapeutics", H. C. Allen "Keynotes and characteristics", A. Lippe "Text book of materia medica", H.N. Guernsey "Key-notes to the materia medica", J.T. Kent "Lectures on homoeopathic materia medica", W. Boericke "Pocket Manual of homoeopathic materia medica", J.H. Clarke "Dictionary of practical materia medica", S.R. Phatak "Materia medica of homoeopathic medicines", K. Stauffer "Klinische homöopathische Arzneimittellehre", J. Mezger "Gesichtete homöopathische Arzneimittellehre", A. Stefanovic "Didaktische Materia medica" (no English versions of these last three).

Note: This list only gives a rough overview and could easily be extended. The selection of titles does not constitute a rating.

III. The practice of homeopathy

For the homeopathic treatment of a sick person, it is important to select the remedy that is most similar to the patient's symptoms from the large number of remedies tested. To do this, it is necessary to take an anamnesis.

The anamnesis

This should be carried out in such a way that the patient's symptoms are comparable with those of the remedies. For example, if a patient complains of a headache, all of the remedies in the materia medica can be considered because they have all caused (and cured) headaches. The same applies to almost all unspecified complaints such as dizziness, cold, cough, nausea, itching, swelling, tiredness, weakness, depression and so on. In the case of headaches, the following **detailed questions** should be clarified as far as possible:

- How long have the headaches been present and is there a known cause for it? ^[13]
- Does the pain always occur in the same location? Which part of the head is affected? Where exactly is the pain located? Does it extend from there to another location?
- How often and when does the headache occur? What triggers may be responsible? What makes the pain worse and what measures can alleviate it ("modalities")?
- How is the pain felt? How can the quality of the pain be described (stabbing, pressing, tearing, drilling, pulsating, as if from a nail, as if from a clamp, etc.)?
- Does the pain always follow a certain pattern regarding the beginning, course and end of a pain attack?
- Are there other complaints (maybe in completely other parts of the body or of a psychological nature) that accompany the pain, i.e. that also occur when the headache is present?

Of course, it is not to be expected that all possible details of a complaint can be clarified. Sometimes there are no certain modalities and in other cases the patient has simply not paid attention to such "trivialities". ^[14] Not everyone is able to put pain or other discomfort into words. Not least linguistic deficits can be problematic in this respect. This is because homeopathy is a therapy based on language, on subjective (and objective) descriptions of phenomena. Moreover, the materia medica is constituted in this form. While diseased organs and body parts are still relatively easy to describe objectively, this is only partially possible for modalities and no longer at all for the description of

subjective sensations. This makes the treatment of some patient groups (infants, patients with dementia, unconscious people, animals, etc.) more difficult.

However, the anamnesis is not complete with the more detailed description of the symptom obtained in this way (here: the headache), because in homeopathy the disease state to be cured is not reduced to a particularly troublesome symptom or a clinically diagnosed disease (as here perhaps "migraine"), but encompasses the **entire pathologically altered state of a patient**. If, for example, the migraine sufferer also has digestive disorders, eczema, loss of appetite or unfounded jealousy, then these complaints are part of the overall illness. The advantages of such a holistic understanding of "illness" are obvious: if it is possible to identify symptoms that are as differentiated as possible, a helpful individual prescription can be made, even if the symptoms cannot be assigned to a specific clinical indication. Conventional medicine quickly reaches its limits in such cases. If the homeopath finds a comprehensively suitable simile, the patient benefits from homeopathic treatment not only with regard to the main complaint.

The scope and duration of the anamnesis naturally depend primarily on the reason for the treatment. While in acute cases it can be limited to the directly associated symptoms and any chronic, long-lasting complaints are not relevant for therapy, protracted, chronic illnesses require a complete biographical anamnesis, which can take several hours.

A complete anamnesis also includes a thorough **physical examination** and an assessment of external **diagnostic findings**. This is because objective symptoms are also part of the illness, as is questioning the patient about their lifestyle and habits. The aim here is, of course, to identify, for example, the circumstances that stand in the way of health or recovery (so-called obstacles of cure). In many cases, it is advisable to take appropriate accompanying measures to support the treatment. Tips on diet or sports or even psycho-hygienic exercises can be very helpful in this context. Incidentally, in some cases it is advisable to first optimize living conditions before using a homeopathic remedy. Occasionally, the latter will no longer be necessary.

Determining the need for treatment and the indication

Once the anamnesis has been taken, the results can be used to determine whether there is any need for treatment at all. This may sound a little confusing and, as a rule, for this purpose it is not necessary to interview the patient for several hours. At this point, however, it is important for me to point out that **not every disorder or health impairment requires therapeutic help**. In healthy people, banal injuries heal by themselves and only require appropriate hygienic and perhaps analgesic medication. Infections are usually self-limiting and do not always require treatment. Time and again, parents report a need for treatment for their children which, on closer inspection, turns out to be an educational or systemic problem. And then there are cases of illness where other therapeutic measures should be advised in the interests of the patient. This aspect is complex because various arguments flow into the decision for or against homeopathic, naturopathic or conventional treatment. The fact that certain conditions must be met for a homeopathic prescription to have a chance of success must always be taken into account: the condition to be cured must be fundamentally amenable to self-healing by the organism. In addition, it must be possible to find a sufficiently similar remedy. It happens again and again that the *prima vista* "most striking" symptom picture does not allow a reasonably reliable choice of remedy because no suitable analog can be found in the *materia medica*. The opposite – a lack of detailed disease symptoms – also limits the prognosis from a homeopathic point of view, because there are simply too many remedies covering the rough symptoms. And whether a prescription is helpful can usually only be seen after a while.

There is therefore no such thing as a one hundred percent safe prescription with a predictable result. However, if help is urgently needed – for whatever reason – and unsafe or incorrect prescriptions are also unacceptable from an ethical point of view, homeopaths must refrain from attempting curative treatment (for the time being). The assessment of one's own homeopathic expertise can also lead to the decision not to treat that specific case of illness, but to refer the patient to a more experienced colleague or medical practitioner. If there is an indication for a surgical procedure and if it can be carried out efficiently and without complications, there are hardly any reasons to advise against it. If irreversible degenerative changes mean that hormones have to be substituted, for example, there is no homeopathic "substitute". A particular dilemma for homeopaths are often serious illnesses such as cancer. Although there are numerous impressive cured cases reported by homeopaths, the above-mentioned uncertainty that is always present must be taken into account when prescribing. And no prognosis for a new, specific treatment case should be derived from previous experience.^[15] This is in contrast to the treatment regime of

conventional medicine: although it can be assumed that a certain level of efficacy exists, even if the clinical condition can be improved (which is anything but certain), this is often accompanied by considerable side effects and sequelae. All these clinical assessments must then be reconciled with the patient's wishes, which are very individualized, especially in the case of diseases with a poor prognosis.

Of course, these restrictive remarks should not obscure the fact that in the vast majority of cases, the so-called "case analysis" follows the detailed anamnesis in order to be able to prescribe a suitable homeopathic remedy. How exactly this is done and what happens next is going to be explained now.

Case analysis

Once the case history has been taken and the decision has been made to treat the illness homeopathically, the question is which of the numerous remedies in the materia medica is best suited to the individual symptoms and is most likely to be able to achieve the treatment objective. Depending on the indication and symptoms, this question is more or less easy to answer.

General remarks

In some cases, "**short cuts**" do lead to a successful prescription.

For example, there are some fixed constellations of symptoms for which only a few remedies are generally suitable (sometimes only one), and unless there are other arguments against it, there is little objection to prescribing "from the hip". Here are a few examples:

Arnica actually always helps when there is a corresponding pain ("as if bruised") after a bruise or contusion of the soft tissue, combined with an aggravation by touch, possibly also with a hematoma. On the one hand, this symptomatology often results in a surprisingly rapid reduction of symptoms after the administration of Arnica. On the other hand, healthy people have no problem with the healing of injuries and the question arises as to whether it is really always necessary to resort to globules if the self-healing powers are in order. Particularly with children, who very quickly become accustomed to the habitual administration of a "medicine" (conditioning), this may set the wrong course from an educational point of view.

Rhus toxicodendron almost always relieves complaints of the musculoskeletal system if the following signs apply in full: pain and stiffness in the affected area at the beginning of motion, i.e. after prolonged rest (so-called "start-up pain"), with improvement through continued movement. The pain sometimes increases again after prolonged exertion. The local application of heat improves, whereas cold (including cold weather) aggravates the condition. Whether the symptoms occur in the context of a sports injury (e.g. strained muscles) or a rheumatic condition plays a subordinate role in the choice of medication, but not in the prognosis. ^[16]

Potassium dichromate (Kalium bichromicum; Kali-bi.) is known for producing a very viscous, stringy mucus ("like melted pizza cheese"). Of course, other remedies also cover this symptom, but if none of the symptoms as a whole impose themselves, a "trial" with Kali-bi. is certainly legitimate. In this context, reference should be made to a clinical study by Prof. Michael Frass, which was able to show that in intubated patients who had to be suctioned and in whom the described consistency of the secretion prevailed, extubation could take place earlier than in untreated patients. ^[17]

Apis: Everyone probably knows what a bee sting feels like and what the stung area looks like. The potentized bee venom is suitable for precisely these symptoms – even if an insect sting was the trigger.

There is no doubting that such prescriptions often work very well in **acute cases of illness** and are also **suitable for self-medication** by medical laypersons, provided certain precautions are taken. ^[18] At the same time, these examples should not give the impression that the homeopath's main task is to base his prescription on such a specific "combination of signs", especially not when it comes to a somewhat more complex disease process that is associated with a more complex overall symptomatology.

In such treatment cases, it is therefore necessary to carry out an in-depth case analysis. This step can sometimes take several hours. The aim is to find a remedy that "suits" the patient's complaints as well as possible.

For the case analysis of chronic diseases, which make up the majority of conditions to be treated in homeopathic practice, a strategy that is both practicable and reliable is required. A certain degree of variability is advantageous – depending on the pathological and anamnestic conditions.

In "genuine homeopathy", attempts are made to adhere to the guidelines of the early homeopaths (Hahnemann, Boenninghausen, Jahr etc.) when analyzing cases and to limit the selection of tools used to those that are based on proving-based symptoms (for example the "Symptomen-Lexikon"). ^[19] If modalities or pain sensations cannot be described precisely or if the symptoms described cannot be depicted satisfactorily, a different analysis strategy may allow an acceptable choice of remedy: whether the strategy according to Cyrus M. Boger's "pervasion (or, anchoring) model" ^[20], whether anamnestic information from family history or existing clinical experience in comparable cases of illness can be used, or whether the weighting (hierarchy) of the symptoms present is carried out according to a different scheme (e.g. "classical homeopathy" according to J. T. Kent), depends on the individual constellation and the methodological orientation of the therapist.

Repertorisation

Regardless of which method is used to analyze a case, in most cases a so-called "repertory" ^[21] will be used – at least to get an initial overview. The introduction of these "tools" became necessary in the early days of homeopathy, when the increase in drug provings and thus in symptoms meant that a tool was needed to find certain symptoms. For this purpose, signs and symptoms, sometimes also indications, are listed as rubrics in a repertory and each rubric is assigned the remedies that cover the respective symptom. The rubric thus contains those remedies that have produced the respective symptom in the context of a poisoning or drug proving or have caused it to disappear in a case of illness.

Depending on the approach, there are also **different repertorial tools** for the different strategies, for example:

1. the „Symptomenlexikon“ by Uwe Plate (see annotation no. 19)
2. the „Therapeutic Pocket Book (Therapeutisches Taschenbuch)“ by Clemens von Boenninghausen
3. the „Manual of Homoeopathic Medicine / New Manual of Homoeopathic Practice („Handbuch der Hauptanzeigen“) by Georg H. G. Jahr
4. the „Synoptic Key“ and the „General Analysis“ by Cyrus M. Boger
5. the „Repertory of the Homoeopathic Materia Medica“ by James T. Kent (or the extended repertories based on it).

Once the homeopath has selected the symptoms of the case that should be covered as far as possible by a remedy, she or he looks up the corresponding rubrics in his tools and notes the remedies listed therein.

In most cases, this step results in a more or less extensive list of remedies, perhaps all or most of which have the required "hits". These medicines form the pre-selection, the "pool", from which the appropriate remedy is usually prescribed.

Next, we turn to the question of how the final choice of a suitable remedy is made and how the treatment then proceeds.

In the rarest of cases, repertorisation alone leads directly to a reasonably reliable prescription, but that is not the aim of this analysis step. Many differentiated complaints or correlations are difficult to depict in repertories. (And be careful not to give a symptom too strong an interpretation just to fit it into an existing rubric.) However, it is precisely these nuances that reveal a greater or lesser similarity between remedy and disease symptoms. To do this, you have to pick up the materia medica and study the decisive passages.

The choice of the remedy

This so-called **materia medica comparison** should then lead to a decision between several remedies that all fit more or less well according to the repertorisation. For this purpose, one should not use the widespread and popular

concise *materiae medicae* or so-called guiding symptom collections, which all contain only a part of the symptoms of a remedy. As a rule, the *materia medica* comparison should be made with the primary *materia medica* (e.g. the "Symptomenlexikon") or anthologies of the secondary *materia medica* (e.g. the "Guiding Symptoms" by C. Hering et al.).

Nevertheless, it can of course happen that the choice of the first remedy is wrong and there is no change in the symptoms and diagnostic signs. Everyone has probably experienced this – especially in chronic cases: the first remedy is ineffective and you need a second, sometimes even a third attempt to induce a clear reaction in the organism. With increasing experience, this may not happen quite so often, but it can never be completely avoided. Incidentally, these observations (apart from the study situation) clearly speak against the thesis that potentised remedies have no effect beyond the placebo effect.

The described steps of a homeopathic case analysis must be carried out with the utmost care and attention. Such a case analysis sometimes succeeds quite easily, but often it is laborious and in rare cases it leads to no result at all. Those who think they can make things easier for themselves by trying to prescribe a "constitutional remedy" solely on the basis of a person's phenotypic appearance or by consulting clinical reference books in order to use remedies on the basis of established indications, or who even think that the simile can be chosen by as a pendulum, will – I am sure – fail therapeutically in most cases.

Several remedies can be helpful

In this context, there is often talk of the so-called "simillimum", by which is meant the most similar of all remedies. Ideally, it should correspond to as many of the patient's symptoms as possible. However, in many cases this is not possible and it should be emphasised at this point that such a complete correspondence between natural and artificial disease (i.e. the symptoms of the patient and those of the remedy) is not necessary in order to expect extensive relief or recovery. Moreover, it can be assumed with certainty that there is **not just one single helpful remedy in each individual case**; we are therefore not looking for a needle in a haystack. The following experience of Clemens von Boenninghausen (1785-1864) led to a great deal of relaxation for me in this respect: In 1860, Hahnemann's "favourite student" reported on the treatment of an acute epidemic in cattle that were all suffering from the same symptoms. ^[22] Both *Pulsatilla* and *Nux vomica* brought about a complete (but not equally rapid) recovery. This is a realisation of great significance: when choosing a suitable remedy, it is not a question of searching for the one, most similar remedy. Rather, the task is to select one substance from all possible candidates that fulfils the requirements as precisely as possible. Once this has been found, which naturally can only be recognised in the course of use, it is no longer possible to determine in retrospect whether there might have been an even more similar remedy. One could come up with such an idea if the overall or initial therapeutic success is unsatisfactory. So let us note that in each individual case there are probably several remedies that are sufficiently similar in their symptom picture to provide a healing impulse. However, the vast majority of remedies will certainly not be able to do this; the realisation that no "simillimum" is needed should therefore not lead to superficial case analysis.

However, as you can see, choosing a simile is not rocket science and can be achieved with a certain amount of effort in almost all cases of illness. The next step is to determine the appropriate dosage.

Dosology

Once a remedy has been chosen, the next step is to select a suitable dosage form and frequency. It would probably be an exaggeration to say that there are no two homeopaths who proceed identically with regard to dosage, but the handling of potentised remedies is actually very variable. And, of course, success proves this right: if satisfactory results are achieved with a certain potency level or frequency of administration, there is hardly any reason to make significant changes. A basic distinction can be made:

- in terms of potency levels: low and high potencies
- with regard to the dosage form, especially: globules (or tablets) and liquid preparations (in the form of dissolved globules or tablets)
- in terms of dosage: single dose, fractionated single dose and repeated doses.

In principle, there is little to go wrong with single doses. There are numerous "warnings" circulating, especially regarding the use of "too high" potencies. However, these warnings are usually very unrealistic. For self-treatment,

medical (or homeopathic) laymen usually use low potencies (D4/4x, D6/6x et cetera) or higher C-potencies (12c, 30c, 200c). Of course, you should stick to a few thumb rules:

Repetition of single doses only,

- if initially improved symptoms get worse again.
- if there is no lasting improvement after two or three repetitions, you should **consult a therapist**, as well as ... in the event of a worsening of the state of health and generally ... for the treatment of chronic diseases.

Professional homeopaths have, as already mentioned, usually adopted a standard dosage from which they only deviate in individual cases if it seems necessary or sensible. Some colleagues prefer the classic "single dose", others have the remedy dissolved in water at a certain potency level (e.g. 30c, 200c) and taken repeatedly over a certain period of time as a "fractionated single dose", while still others work with LM or Q potencies in liquid form, which are often administered daily for weeks. Homeopaths often vary the dosage depending on individual needs or pathological background. In any case, all the dosage variants mentioned have proved successful in practice.

Homeopathic diet

Even experienced homeopaths cannot agree on whether a patient should avoid certain substances, foods, stimulants or anything else so as not to impair the effect of the homeopathic remedy. Why, for example, should a metal spoon interfere? It is understandable that people warned against this in the 19th century because the copper content of cutlery posed the risk of toxic verdigris developing on it. Of course, this does not apply to the stainless steel cutlery used today or to the teaspoons made of silver, as probably used by Hahnemann.

Samuel Hahnemann repeatedly insisted on the strictest possible diet for patients (as well as provers) because he wanted to rule out all medicinal effects other than the administered simile. Today we know that the disruptive influence of spices, tea or coffee is apparently much less than initially feared. It should also not be underestimated that giving up familiar things causes stress for many people, which in turn is not conducive to the recovery process.

But since we were just talking about coffee, which also plays a role in the homeopathic materia medica as "Coffea": We know from the provings (as habitual coffee drinkers can confirm) that coffee makes you lively, sometimes restless, shaky and sleepless. It can trigger increased sweating and intensify nervous pain. If symptoms are to be treated that can be triggered or aggravated by coffee as a modality, reducing or stopping coffee consumption is both obvious and sensible.

More recently, all kinds of other influences that could interfere with homeopathic treatment have been discussed: X-rays or mobile phone radiation, smog, treated and denatured foods, conventional medicines and the like. Their possible influence on health should not be disputed here, but it must also be stated that in many cases, despite obvious external "pollution", positive results can be achieved with homeopathic treatment. Unsuccessful treatment attempts should always lead to a (self-)critical evaluation of case understanding and case analysis, always keeping in mind that the patient's health should not be jeopardised by repeated incorrect prescriptions.

There is no shame in laying down your arms in individual cases. If you admit that you have reached the end of your tether, patients often acknowledge this with regret, but also understanding. This is always better than patients at some point – possibly just as disappointed with the homeopath as with homeopathy – cancelling treatment without any further feedback. This brings us to the next topic, progress evaluation and case management.

Case management and progress evaluation

In some cases of illness – especially in acute or purely functional disorders – a single administration of a suitable remedy is sufficient to stimulate a healing reaction that requires no further therapeutic impulses. For professional homeopaths, however, who are usually confronted with more complex, protracted disease processes in their practice, this is not the most common observation.

It is quite possible that no change at all occurs in the patient's symptoms after administration of the presumed simile. This is usually the case when an unsuitable remedy has been chosen. The consequence is obvious: you start looking for a more suitable remedy. Particularly in chronic cases of illness, the first case analysis often does not lead to a clear result and then an alternative remedy is quickly determined. In other cases, the case history or individual

steps of the case analysis must be subjected to a (self-)critical examination because perhaps misinterpretations of complaints or insufficiently precise descriptions of symptoms led to an incorrect choice of remedy and the analysis must be revised. However, the prerequisite for such considerations is that the remedy or potency level has been given sufficient time to cause a reaction. In rare cases, so-called "obstacles to cure" could also hinder or prevent a healing reaction. Ideally, however, this should be clarified during the anamnesis.

Ameliorations / Improvements

Improvements in a patient's condition are of course always welcome, but they cannot always be clearly attributed to homeopathic treatment. Sometimes so-called contextual effects are also possible. A change in the weather can influence rheumatic, allergic and other complaints – both positively and negatively. Joyful events can make many complaints seem more bearable, while bad news may have the opposite effect. All modalities can have a similar effect on the state of health. Some diseases show fluctuations in the severity of symptoms in phases during their natural course, without an external influence being identifiable. If treatment is started in a particularly painful phase, this "regression to the mean" should not be prematurely interpreted as an effect of the treatment. Therapeutic interventions started at the same time as homeopathic treatment often make it difficult to clearly recognise to which measure an effect can be attributed. It is therefore best to avoid starting different therapeutic methods at the same time.

Specific criteria or parameters are helpful to the homeopath, which, if they are fulfilled, allow a medicinal effect to be differentiated from an otherwise justified change:

- the homeopathic aggravation, or, initial aggravation
- a rapid, initial improvement in the areas of mood, sleep, general condition, energy
- an improvement of the symptoms in chronologically reverse order.

In chronic cases, the first two aspects are among the early signs of a correct choice of remedy. The observation of a cure "in reverse order" can naturally only be observed in the further course of the disease. Since misunderstandings and misinterpretations are common with regard to the instances mentioned, a few detailed explanations should follow here.

Homeopathic, or, initial aggravation

The effect of a suitable homeopathic remedy is explained by the fact that its administration produces an "artificial disease" (analogous to a drug proving) in the sick organism that is very similar to the symptoms of the patient's "natural" disease that is to be cured. However, as a condition for the so-called self-healing powers to "kick in", the artificial illness must not only be similar, but also stronger (more intense, more perceptible) than the natural one. In principle, this theory, developed by Samuel Hahnemann, corresponds to the understanding of stimulus-response therapy. In case of a correct prescription – both in terms of remedy selection and "dose size" – the patient inevitably experiences a worsening of his symptoms ... at least of those that the remedy itself can also produce. Whether the patient perceives this medicinal stimulus as a clear, noticeable worsening of his or her current symptoms depends on various factors: The potency level could play a role, the number of globules or drops administered, the frequency of any repetition, the time of day or the patient's sensitivity. Incidentally, certain illnesses are apparently more prone to initial aggravations, such as atopic skin conditions or chronic headaches, whereas they are rarely observed in mental ailments. Since the initial aggravation is therefore an "initial effect" of the remedy (and not a reaction of the organism) ^[23], this is usually the first change that the patient perceives.

Important: An aggravation that occurs after there has previously been a true improvement in the symptoms that was not due to contextual effects should not be interpreted as an "initial aggravation". This differential diagnosis is important insofar as the consequences are different: A true, moderate initial aggravation should be waited out because the organism responds to it with a healing reaction. However, the practitioner usually has to react to an aggravation that starts later by changing the remedy, the frequency of administration or the potency level. Another important distinction is that of a progression of the disease, which can be very similar to an initial aggravation. This shows how important pathophysiological knowledge is for homeopaths too.

Early improvement in the mood and general condition

In § 253 of his "Organon of the medical art" and on page 170 of the first part of the (German) "Chronic Diseases", Samuel Hahnemann describes as early signs of improvement "a greater degree of comfort, increasing composure, freedom of spirit, increasing courage – a kind of returning naturalness" ^[24] as well as an increase in strength "from the very beginning of the correct treatment". A more restful, undisturbed sleep can also be added. Most homeopathic colleagues (and not only those) can certainly confirm these observations. However, these signs are of course deceptive, because the "effect" of the anamnesis interview, which is hardly ever carried out in such detail and with such empathy in other therapeutic settings, can of course occur independently of any medication being given. However, this is always a good sign.

The "reverse order"

At this point, it should be remembered that from a holistic homeopathic perspective, a disease to be cured is not considered as an isolated, localised event. It is therefore not just about "the asthma" or "the migraine", but about the so-called totality of symptoms. However, the chronology of the development of the disease must also be taken into account. Some symptoms have naturally not been present for very long, others may have been present for many years. In the sense of a "direction of cure", Samuel Hahnemann already observed that, as a rule, the most recent symptoms disappear first and those that have been present for the longest time last – the complaints disappear in the reverse order of their appearance. At the same time, such a healing process is also regarded as a prognostically favourable moment, as it *a)* shows the correct choice of remedy and *b)* indicates a sustainable effect. If, on the other hand, the older, long-standing complaints improve first, while the more recent complaints remain unchanged or even get worse, a medicine that is only similar in some respects has generally been chosen, and its prescription should definitely be critically reviewed. Based on the "reverse order", further observations were assigned to this healing direction; Constantine Hering (1800-1880) in particular should be mentioned in this regard. Analogous to the development of a chronic disease, which, according to Hahnemann, always begins on the skin and progresses from there to the inside of the body, an improvement in skin conditions would only be expected towards the end of treatment for a reliable, permanent cure. It is also possible that (renewed or first-time) skin symptoms occur even when the cure is almost complete. After Hering had observed during drug trials that the "artificial disease" had a certain chronological sequence, he also deduced healing directions from this, such as the disappearance of symptoms from above downwards. Summarising these scattered observations, James Tyler Kent (1849-1916) developed the so-called Hering's law. This is often (mis)understood as a kind of law, requiring all aspects (directions, processes) mentioned therein for an artful cure. However, practice shows that such a requirement is virtually impossible to fulfil. It also shows that stable treatment successes can be achieved even if these "laws" are not observed during the course of treatment. Nevertheless, these observations are helpful parameters for assessing the course of the case.

Conclusion

The parameters described above show the practitioner that the positive effects can be attributed to the medication and are not essentially based on placebo or context effects. In this respect, one can add a clear and sustained improvement in subjective and objective parameters that defied previous therapeutic attempts. For many people, homeopathy is not the first treatment option; only after several frustrating attempts with conventional methods they seek help from alternative and complementary medical methods. If an improvement or even a cure is then achieved, usually quite unexpectedly, with the help of homeopathy, it is obvious to attribute this to this therapy.

In addition to these parameters, the **clinical parameters** should not be forgotten. If there are objective signs, their development should be documented. This ranges from the inspection of skin rashes or swellings to imaging procedures and blood or urine values. If the subjective condition alone improves while objective findings deteriorate, this usually ^[25] indicates that the remedy has been incorrectly selected.

In any case, the results are decisive for the positive evaluation of a therapy. The aim of homeopathic treatment is to end it at some point – ideally after healing has taken place. Sometimes, however, you have to be satisfied with a stable, improved, tolerable condition. If (far-reaching) freedom from symptoms cannot be achieved in the long term – for example because irreversible structural changes and/or permanent medication do not allow this – homeopathic treatment can of course also be continued in the long term.

“Complementary remedies” and “zigzag cures”

Ideally, a sick person needs a single homeopathic remedy for complete recovery. With this in intention, the homeopath usually analyses the so-called totality of symptoms. In most cases, however, it is necessary to prescribe several successive remedies until the therapeutic goal is achieved, especially in the case of chronic illnesses. The homeopath Adolph Lippe (1812-1888) coined the name "zigzag cure" for such courses.

In individual cases, it is almost impossible to predict whether several remedies will be necessary during the course of treatment. Clemens von Bönninghausen was famous for sometimes giving his patients two or three remedies, together with precise instructions on when to take them. However, this was certainly also due to the fact that a consultation with a homeopath was sometimes time-consuming and laborious in those days. Nowadays, homeopaths are in much closer contact with their patients, offering telephone and telemedicine consultations as well as home visits. Moreover, pharmacies provide patients with prescribed medicines of excellent quality in the shortest possible time. As the saying goes, things often turn out differently than you think, and this also applies to the course of a therapy – and not just a homeopathic one. In this respect, it is advisable to monitor the course of treatment carefully and closely and to adapt flexibly to requirements. A complementary remedy is always necessary if the previously administered remedy no longer brings any progress or the symptoms have changed in such a way that another remedy is now more suitable. However, the stagnation of an improvement or change in the symptoms should not be diagnosed prematurely. Above all, if the improvement does not progress any further, it is wise to give the remedy in other potency levels or dosages as a first step. Only if this does not bring about any improvement should a new analysis and the search for a complementary remedy be initiated.

Aggravation

Whilst the aforementioned "homeopathic aggravation" (see above) is seen as a sign of (imminent) improvement, true aggravations can of course also occur during the course of treatment. This usually happens if no effective, suitable remedy has been administered and the disease process continues unaffected. Occasionally, newly occurring complaints are also drug-related symptoms, analogous to a proving, which are to be assessed differently. If symptoms worsen after an initial improvement, this may indicate that the same remedy should be administered again or that a different remedy should be chosen – depending, of course, on the severity and nature of the symptoms. In addition to the subjective worsening of symptoms, an attempt should also be made to objectify the severity of the deterioration using clinical parameters (blood parameters, radiological imaging, clinical examinations, etc.). In accordance with the non-harm principle, exacerbations must always be taken very seriously and remedial action should be taken as quickly as possible – if necessary, of course, with non-homeopathic measures.

Completion of treatment

Regardless of the outcome of a treatment, you should always endeavour to bring it to a conclusion. Both sides, practitioner and patient, benefit from this. Ideally, when all symptoms have disappeared, the disease has been cured or a stable, improved condition has been established – i.e. when the treatment assignment has been fulfilled – this should be documented in a final consultation. Of course, there is no reason why treatment should not be resumed for another illness or if symptoms recur in future.

To conclude this paper, we look at the position of homeopathy in modern medicine. This concludes the "journey through time" that gave the series its title.

Today, in the 21st century, homeopathy is valued and successfully used as a holistic therapy method in many parts of the world. It has evolved over the decades, with some schools or approaches deviating to a greater or lesser extent from the original methodology. This is not wrong per se or to be rejected across the board. However, there is a need for discussion here, especially in the ranks of homeopaths themselves. Of course, a scientific discipline (such as homeopathy) cannot simply remain rooted in its origins, but may, should and must continue to develop. However, care must be taken to ensure compatibility with the reliable principles of the method and that the efficiency of the method does not suffer. Last but not least, homeopathy as a complex system must remain comprehensible, teachable and learnable.

IV. Homeopathy today

Homeopathy in the 21st century is still based on the teachings of its founder, Samuel Hahnemann. However, this does not mean that no development has taken place over the decades.

Some examples for progress in homeopathy: Numerous remedies have been introduced into the materia medica and thus offer more treatment options. There are now differentiated systems for homeopathic drug provings, which include blinding of the investigators and placebo control groups. ^[26] Founded in 1872 by Willmar Schwabe (1839-1917), the "Homoeopathisches Arzneibuch" (Homeopathic Pharmacopoeia; HAB) ^[27] today sets official, binding standards for the manufacture of potentised medicinal products, which (in Germany) are registered or authorised by the Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte - BfArM). Findings from genetics, pathology and pathophysiology have contributed to a better understanding and assessment of disease dynamics and development, which has had an impact on remedy selection and course assessment, among other things. Refined clinical diagnostics also enable homeopaths to categorise patients' symptoms pathophysiologically, from which they in turn draw conclusions about possible remedies; clinical parameters are of course also helpful for a reliable assessment of the course of the disease.

With all due respect to Samuel Hahnemann and his achievements, his teachings are not sacrosanct. As already mentioned, a special "homeopathic diet", to which Hahnemann and his contemporaries attached great importance, is considered less important today. Another example is Hahnemann's theory of the nature of chronic diseases, the origin of which he traced back to so-called chronic miasms. ^[28] While on the one hand a separate direction ("miasmatics") was developed from this, which in turn branched out into numerous different directions, other homeopaths assume that Hahnemann was mistaken here and that the entire theory on the significance of miasms is outdated, without, of course, questioning the fundamentals of homeopathy – the rule of similars, remedy provings on healthy patients, individual choice of remedy and the smallest possible dosage.

These two examples alone should show how difficult it often is for outsiders to find their way through the jungle of positions and directions without perceiving the whole of homeopathy as contradictory. It is an essential task of homeopaths to represent and present homeopathy with the greatest possible transparency and without speculation, including its undisputed internal deviations and idiosyncrasies - this is precisely where the potential for further development lies.

Homeopathy – evidence-based medicine

For many people, the principles and claims of homeopathy are a mystery, if not a monstrosity. Something is supposed to work that no longer contains a single molecule of an original substance? Instead of taking a pain-suppressing medicine, the homeopath is supposed to prescribe one that triggers exactly the pain you want to get rid of? There could hardly be a greater contrast to the usual, conventional approach – good reasons to be sceptical at first. Anyone who enquires on the internet or with conventional doctors is often told that there is no scientific evidence that homeopathy is superior to a placebo. So, nothing in it, nothing to it. But is that really true? Even though this work is not and cannot be an in-depth scientific publication, we would like to briefly comment on it.

Basic research has shown that potentised substances can have specific effects, both in low and high potencies. Corresponding studies have been carried out on duckweed by Professor Baumgartner and others. These experiments have been successfully reproduced, so that possible biasing effects are virtually eliminated. ^[29] The argument often put forward by critics of homeopathy that it cannot work if there is nothing in it should no longer be valid. These results can therefore be described as milestones in homeopathic research, even though they do not prove the mechanism of action of potentised substances or their effectiveness in treating sick people.

Other areas of research are suitable for this: Work from **healthcare research** shows that additive homeopathic treatment improves the well-being of cancer patients and that general practitioners who treat their patients homeopathically have a significantly lower consumption of conventional medication – with a comparable

therapeutic outcome. This not only prevents antibiotic resistance, but also avoids side effects, some of which are considerable. ^[30]

Randomised controlled trials (RCT) also exist. It must be said that it is not easy to create a study design that is appropriate to homeopathic principles. Either **individualising homeopathy** ("every case a different one") is studied and patients and practitioners are blinded, but it is difficult to assess the effect of the in-depth anamnestic and, in some cases, advisory intervention. In addition, the choice of a correct and therefore helpful remedy is difficult in certain cases, and sometimes not even possible. Last but not least, the result also depends on the homeopathic expertise of the therapist(s) and, if applicable, the homeopathic method used. Suitable clinical pictures for **non-individualising homeopathy**, on the other hand, are rare and usually associated with strict exclusion criteria.

An **example**: viscous, stringy secretions are often an indication for the remedy *Kalium bichromicum* in homeopathy. However, depending on the nature of the totality of all relevant symptoms, a different remedy may have to be chosen as a simile. Professor Michael Frass, Vienna, who carried out a trial on intubated, ventilated patients, therefore had to exclude patients with certain concomitant or underlying diseases from his study. Finally, only a few remained; however, it was shown that they could be extubated significantly earlier than a comparison group. ^[31] However, it is desirable that more and further research is carried out in the field of homeopathy – preferably at independent institutes and subsidised with public funds, as many questions are still unanswered.

However, it is also important to remember that **evidence** is not only based on scientific data – it is not uncommon for conventional medicines and methods that have undergone promising studies to fail in practice. This is one of the reasons why therapists' experiences and patients' preferences are regarded as further pillars of evidence-based medicine. And here it is very clear with regard to homeopathy that it is extremely helpful in many cases.

This is reflected, among other things, in surveys and popularity among the population. ^[32] Accordingly, many statutory health insurance companies in Germany offer homeopathy as a statutory benefit. Homeopathy has also proven to be well tolerated and virtually free of side effects. As far as therapists are concerned, there are thousands of well-documented cases worldwide in scientific journals that prove the effectiveness of homeopathy. In addition, almost all medical homeopaths were trained as conventional doctors. Most of them completed their hospitalisation and specialist training, then studied homeopathy later and integrated it into their therapeutic arsenal.

Homeopathy has no potential for harm per se, but it must be recognised that in the interests of the patient's well-being, it must be considered in each individual case whether another therapy would be more appropriate for this person at this time. Sometimes, as a homeopath, you have to put your own preferences aside.

Homeopathy – complementary, alternative?

When Samuel Hahnemann conceived homeopathy at the end of the 18th century, he had in mind a radical departure from the then prevailing "medicine of the old school". In view of the often drastic, even life-threatening methods of the time, such as excessive bloodletting and the like, this is generally recognised (even by critics of homeopathy). For Hahnemann, homeopathy formed the medicinal therapeutic basis, which, as we read in the "Organon of the medical art" (or, "Organon of the Art of Healing"), was to be **flanked by dietary, hygienic, surgical, psychological and physical measures**.

It is also worth mentioning the great value Hahnemann placed on **prophylaxis and prevention**. With his demand to create the best possible conditions for successful treatment, he was a pioneer of many modern, integrative approaches. In sum, this was the "art of medicine (or, healing)", as it is called in the title of the "Organon". Later homeopaths proclaimed homeopathy as the "medicine of the future", which they considered to be fundamentally superior to conventional methods and preferable (as being the "better medicine"). This did not change until well into the 20th century.

Nowadays, however, we have to recognise that conventional medicine has undergone significant developments, some of which are indispensable. Modern medicine is not comparable with the medicine that Hahnemann opposed at the time. Just think of anaesthesia and surgery or intensive care medicine. Hardly any homeopath would want to completely dispense with effective antibiotics. Oncology can also show considerable progress, at least in terms of

the survival time of cancer patients – but this brings us to one of the biggest problems with conventional methods: In many cases, in addition to a benefit, they also have considerable potential for problems in the form of adverse drug reactions and interactions.

However, when considering whether homeopathy can be a real alternative to conventional treatment in individual cases, it must be borne in mind that a specific cure or relief through the remedy is dependent on two prerequisites: Firstly, it must be possible to identify a sufficiently similar remedy (which in turn depends not least on the "quality" of the patient's symptoms). Secondly, the patient himself must also be capable of reacting and suffer from a disease or a stage of the disease that can basically still be influenced by the body's own self-regulatory powers. However, if these conditions are met, there is little to be said against the use of homeopathic remedies, even as an individual therapy. The benefits are sometimes far-reaching – here is an **example** of homeopathy as a possible alternative:

Proton pump inhibitors (PPI), i.e. "acid blockers", are administered in conventional medicine to prevent or combat gastrointestinal side effects of medication, among other things. In chronic cases, this combination often becomes permanent medication. For some time now, PPI have been strongly suspected of favouring dementia-related changes and increasing the risk of cardiovascular disease and kidney damage. These are no longer banal, tolerable side effects, but serious consequential damage. Homeopathy might be used to successfully treat the side effects of conventional medication and often also the underlying condition. The benefits to patients of avoiding PPI are obvious.

Medicine still has no reliably effective treatment for certain conditions, for example post-operative ileus.^[33] In this case, the research evidence is strongly in favour of using homeopathic remedies. I also think that not considering such an option in the absence of conventional options is ethically questionable.

Why shouldn't homeopathy fit into a canon of therapeutic methods from which the therapist can make an individual selection depending on the indication, professional expertise and patient's wishes? In individual cases, homeopathy can be used as an independent or complementary (additive) therapy.

Homeopathy experts

Many "medical laymen" are well acquainted with homeopathic remedies and self-medication, but there are of course also health disorders that belong in the hands of trained homeopaths. In Germany, homeopathy is practised professionally by alternative (non-medical) practitioners ("Heilpraktiker") and doctors. Numerous appropriately trained pharmacists and midwives also provide competent advice on the use of certain medicines, but they do not have a licence to practise medicine.

From what has been described so far, it is clear that the professional application of homeopathy requires appropriate training. Homeopathy is a complex medical system with a broader view of health and illness than conventional medicine. The associated concept of recognising illness and therapy management cannot be learnt in a fast-track procedure.

While the knowledge of homeopathy was initially passed on from doctor to doctor, it is now possible for non-medical practitioners and doctors to complete qualified training courses. The official institutions in Germany have created corresponding standards for training and further qualification, which can make it easier for therapists and patients to find their way around. However, the acquisition of such a certificate or diploma is not compulsory and there are also numerous homeopaths without a certificate or seal of approval whose therapeutic and medical qualifications are beyond question.

Certifying institutions in Germany

The institutions that certify and check the therapeutic quality of homeopathic non-medical practitioners and doctors are:

- Stiftung Homöopathie-Zertifikat (SHZ) – Certification of homeopathic therapists, educators and supervisors.
<https://www.homoeopathie-zertifikat.de/>

- Qualitätskonferenz des Bund Klassischer Homöopathen Deutschlands (QBKHD) – Qualification of homeopathic therapists, lecturers and supervisors. <https://homoeopathie-qualitaet.de/>
- Deutscher Zentralverein homöopathischer Ärzte (DZVhAe) – Provider of the medical homeopathy diploma. <https://www.weiterbildung-homoeopathie.de/ausbildung-zum-homoeopathie-diplom-des-dzvhae/>

Anyone looking for high-quality homeopathy training (being a non-medical practitioner or a doctor) will also find what they are looking for on these websites. You will also find lists of appropriately qualified homeopaths. Further lists of therapists are made available to patients by the professional associations, for example the Verband klassischer Homöopathen Deutschlands e. V. (VKHD).

V. Conclusions

Homeopathy is a therapeutic method that is able to bring about true, lasting cures or, where this is not possible, relief. And it does so without suppressive measures and practically without side effects. It utilises the natural resources of the human organism for self-regulation. Healthcare costs caused by conventional medication can be avoided or reduced through the professional use of homeopathic medicines. Saving on antibiotics reduces the risk of multi-resistant germs. Sick people who are treated homeopathically develop better health competence because they are actively involved in recognising the illness and in healing processes. The patient's autonomy is maintained and promoted.

Where it is not possible or appropriate to use homeopathy as the stand-alone therapy, it is recommended as an additive, complementary, supportive measure. The effect of a (conventional) standard therapy is not impaired by potentised medicines, but any side effects or accompanying complaints not covered by the standard therapy can be treated homeopathically. There is no area of medicine in which homeopathy is contraindicated, but there are many in which it is at least a therapeutic option.

**Homeopathy may not be the one and only medicine of the future,
but it can and should be an essential part of a human-centred medicine of the future.**

Stefan Reis, 2023

Annotations:

- 1: The term "high potency" is not precisely defined. One could be understood to mean potentizations with a degree of dilution that lies beyond the Avogadro or Loschmidt number, thus above the potency D 24 (24x) or 12c, for example. However, some authors only label potencies from 30c or even 200c as "high potencies".
- 2: The "law of similars" and other relevant terms of homeopathy are explained in the further course of the paper.
- 3: "Mesmerism": a healing method named after its discoverer, Franz Anton Mesmer (1734-1815). Mesmer assumed that there was a force in the human organism analogous to the known mineral magnetism, which he called "animal magnetism". Mesmer wanted to compensate for an imbalance of magnetic forces in the body, which could lead to illness, by applying the magnetism of a healthy person ("mesmerizing"). This technique was widespread at the time and was also used by Samuel Hahnemann, often in parallel with homeopathic remedies. Hahnemann's medical records contain numerous examples of this.
- 4: An almost complete list of homeopathic periodicals worldwide was compiled by Baur, Gypser, v. Keller and Thomas in 1984: *Bibliotheca Homoeopathica*, Vol./Bd. I: Journals / Zeitschriften. Gouda: Aude sapere 1984.
- 5: Stefan Reis: *Wege durch den homoeopathischen Dschungel* (Pathways through the homeopathic jungle). Recording of the seminar from October 16 to 17, 2021 in Dresden. Reference address (and reviews): <https://www.homsym.de/reis-stefan/wege-durch-den-homoeopathischen-dschungel.-genuine-homoeopathie.-sichere-orientierung-in-theorie-und-praxis./10187>
- 6: Autobiographical information on Pierre Schmidt (in German): <https://www.kuenzlipunkt.de/ueber-kuenzli/fachliches/dr-pierre-schmidt.html>
- 7: SHZ: <https://www.homoeopathie-zertifikat.de/> . QBKHD: <https://homoeopathie-qualitaet.de>
- 8: „The pure, peculiar powers of medicines for curative purposes are not to be discerned through *a.* specious a priori sophistry, *b.* the smell, taste or appearance of the medicines, *c.* chemical processing of the medicines, or *d.* the use in diseases of one or several medicines in a mixture (prescription).” (Samuel Hahnemann, *Organon of the medical art* [German title: *Organon der Heilkunst*], 6th edition, § 110. For the translation of passages from the "Organon", only the version published by Webster O'Reilly was used [see below, under Literature], which is currently considered the best translation.)
- 9: VKHD Verband klassischer Homöopathen Deutschland e. V., Mozart Klaviersonate hilft bei Epilepsie: <https://www.vkhd.de/news-arten-mobil/news/item/852-mozart-klaviersonate-hilft-bei-epilepsie>. Link to original article by RJ Quon et al (Musical components important for the Mozart K448 effect in epilepsy): <https://rdcu.be/ds6jr>
- 10: This is an abbreviated description and not a therapeutic recommendation. Many other substances cause diarrhea, alertness, etc. Further differentiation is necessary for a targeted prescription.
- 11: The media and literature often refer to "homeopathy" and its counterpart, "allopathy". Hahnemann only referred to allopathy as those therapeutic methods that removed blood, urine, sweat or stool from the patient ("elimination") or used poisons such as mercury or opium without considering the symptoms, but often on the basis of a presumed cause of the disease or theoretical constructs such as the theory of humors.
- 12: Hahnemann also used cases of poisoning as a source for his symptom collections. Toxicological findings sometimes dominated the entire remedy picture, especially among the remedies investigated early on, as can be seen in the examples of Belladonna or Arsenicum album.
- 13: If necessary, the results of laboratory tests, imaging and further diagnostic procedures are also used to answer this question.
- 14: This is not surprising because conventional diagnostics remain much more superficial with regard to the individual symptoms. If there is no urgent need for treatment, the symptom picture could first be completed by testing various modalities, depending on the complaint.
- 15: Of course, this also applies vice versa with regard to unsuccessful attempts at therapy. At this point, however, it is more important for me to point out that even the luminaries of homeopathy are only human after all. And, of course, they also have their therapeutic failures. The impression that homeopathic treatment is always successful, which one sometimes gets from literature or lectures and seminars, is misleading.
- 16: In chronic cases of illness, *Rhus toxicodendron* often alleviates symptoms, even if the local symptoms are appropriate, but rarely cures them. This also applies to many other remedies.
- 17: Frass M et al.: Influence of potassium dichromate on tracheal secretions in critically ill patients. Online: <https://pubmed.ncbi.nlm.nih.gov/15764779/>
- 18: Of course, only trivial illnesses or injuries are suitable for self-medication. If there is no rapid relief or new complaints arise, a professional practitioner should be consulted.
- 19: "Symptom lexikon"; This is a relatively new work that represents an extension of the "primary materia medica" in the form of a new sorting system. While the remedy provings are generally arranged in the "head-foot scheme", the "Symptomenlexikon" also contains additional sorting according to modalities, sensations and other aspects. An English version is not yet available. <https://symptomenlexikon.net/>
- 20: As far as I know, this term does not yet exist in international literature, but was coined by German homeopaths in the course of the rediscovery of Boger's methodology.
- 21: lat.: reperire = to find again
- 22: Source: Clemens von Bönninghausen: Zur Würdigung der Hochpotenzen, in: *Allgemeine Homöopathische Zeitung*, Bd.61(1860), 134-135, 140-142, 159-160, 164-165. English version ("The value of high potencies") in: T.L. Bradford (ed.): *The lesser writings of C.M.F. von Boenninghausen* (1908), p. 137-147.

- 23:** For this reason, the common term "initial reaction" is incorrect.
- 24:** Here Hahnemann does **not** mean that any mental symptoms of illness improve early, but rather that a more relaxed emotional mood is achieved.
- 25:** Cases of illness with an unfavourable prognosis are an exception. If there is a subjective improvement in symptoms and an increased quality of life during treatment, the expected deterioration in clinical parameters has little influence on the homeopathic approach.
- 26:** See for example: Teut M et al: Homoeopathische Arzneimittelpfahrungen (2012), online: <https://www.carstens-stiftung.de/artikel/homoeopathische-arzneimittelpfahrungen.html>. See also: Anon.: „Homoeopathische Arzneimittelpfahrung (HAMP)“, online: <https://www.wisshom.de/projekte/arzneimittelpfuehung/>
- 27:** The first editions under the title: Pharmacopoea homoeopathica polyglotta.
- 28:** See Hahnemann S: Die chronischen Krankheiten, 1. Teil, 2. Auflage, Dresden u. Leipzig: Arnold 1835; engl.: The chronic diseases, New York: Radde 1845
- 29:** Ücker A, Baumgartner S, Martin D, Jäger T: Critical Evaluation of Specific Efficacy of Preparations Produced According to European Pharmacopoeia Monograph 2371. Biomedicines 2022, 10, 552.
- 30:** See for example: Bornhöft G, Matthiesen PF (ed): Homöopathie in der Krankenversorgung – Wirksamkeit, Nutzen, Sicherheit und Wirtschaftlichkeit. Frankfurt, VAS Verlag für Akademische Schriften, 2006. Teut M: Versorgungsforschung zur Homöopathie (2017), online: <https://www.carstens-stiftung.de/artikel/versorgungsforschung-zur-homoeopathie.html>
- 31:** Frass M, Dielacher C, Linkesch M, Endler C, Muchitsch I, Schuster E, Kaye A.: Influence of potassium dichromate on tracheal secretions in critically ill patients. Chest. 2005 Mar;127(3):936-41; Online: <https://pubmed.ncbi.nlm.nih.gov/15764779/>
- 32:** This is confirmed, for example, by a survey conducted by the renowned German Allensbach Institute for Public Opinion Research from 2023; Online: https://www.ifd-allensbach.de/fileadmin/IfD/sonstige_pdfs/2023_03_15_Pressemitteilung_Homoeopathie.pdf
- 33:** See Reis S: Postoperativer Ileus, eine Sache für die Homöopathie; Online: <https://www.vkhd.de/blog-mobil/item/675-postoperativer-ileus-eine-sache-fuer-die-homoeopathie>

Further literature not mentioned in detail in the annotations:

- Haehl, Richard: Samuel Hahnemann – His life and work. 2 Vols. London: Homoeopathic Publ. Company 1927.
- Hahnemann, Samuel: Organon of the medical art. Edited and annotated by Wenda Brewster O'Reilly. Palo Alto: Birdcage Press 1996.
- Handley, Rima: A Homeopathic Love Story – The Story of Samuel and Melanie Hahnemann. Berkeley: North Atlantic Books 1990.
- Jütte, Robert: Hahnemann – Gründer der Homöopathie. Munich: DTV 2005.
- Tischner, Rudolf: Geschichte der Homöopathie. 4 Teile. Leipzig: Schwabe 1932, 1934, 1937, 1939.
- Winston, Julian: The Faces of Homoeopathy. Tawa, Wellington: Great Auk Publ. 1999

Acknowledgements and sources:

Thanks to the publishers of the original series of articles, Richard Pflaum Verlag, Munich, for giving me the copyrights for this translation into English. Links to the original parts follow here:

- Part 1, in: Naturheilpraxis 07/2023 (<https://naturheilpraxis.de/artikel/homoeopathie-entwicklungsstarke-zeitreise-in-die-moderne/>)
- Part 2, in: Naturheilpraxis 08/2023 (<https://naturheilpraxis.de/artikel/homoeopathie-entwicklungsstarke-zeitreise-in-die-moderne-2/>)
- Part 3, in: Naturheilpraxis 09/2023 (<https://naturheilpraxis.de/artikel/homoeopathie-entwicklungsstarke-zeitreise-in-die-moderne-3/>)
- Part 4, in: Naturheilpraxis 10/2023 (<https://naturheilpraxis.de/artikel/homoeopathie-entwicklungsstarke-zeitreise-in-die-moderne-5/>)
- Part 5, in: Naturheilpraxis 11/2023 (<https://naturheilpraxis.de/artikel/homoeopathie-entwicklungsstarke-zeitreise-in-die-moderne-7/>)
- Part 6, in: Naturheilpraxis 12/2023 (<https://naturheilpraxis.de/artikel/homoeopathie-entwicklungsstarke-zeitreise-in-die-moderne-8/>)

Another big thank you to Kerstin for the perfect German title of this paper.

Author: Stefan Reis

Corresponding address: Hardenbergstrasse 2, 45472 Muelheim an der Ruhr, Germany.

Email: info@dynamis-schule.de

About the author:

Non-medical practitioner (Heilpraktiker) in Germany since 1987. Co-founder and director of the [Dynamis-Schule für Homöopathie](#). Co-founder of [Kwibus publishing house](#). Editor of the homeopathic journals "Archiv für Homöopathik" and "[Neues Archiv für Homöopathik](#)". Author of homeopathic literature. Member of the [VKHD board](#). Certified by the [SHZ](#) as a therapist, lecturer and supervisor.